

RCE/IFW  
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Docket No.: 000166.0109-US04  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
David Edwards et al.

Application No.: 10/771,447

Group Art Unit: 3743

Filed: February 5, 2004

Examiner: M. B. Patel

For: INHALATION DEVICE AND METHOD

**TRANSMITTAL LETTER**

**MS RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced  
Patent Application:

1. Fee Transmittal;
2. Petition for Extension of Time under 37 CFR 1.136(a) (in duplicate);
3. Request for Continued Examination (RCE) Transmittal;
4. Amendment After Final Action (37 C.F.R. Section 1.116);
5. Check No. 345204 for \$1,240.00 to cover:  
\$790.00 RCE filing fee;  
\$450.00 two-month extension of time fee; and
6. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 000166.0109-US04. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: May 23, 2005

Respectfully submitted,

By 

Andrea G. Reister

Registration No.: 36,253

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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                        |
|   |  | Application Number       | 10/771,447-Conf. #3817 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Filing Date              | February 5, 2004       |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1,240.00   |  | First Named Inventor     | David Edwards          |
|   |  | Examiner Name            | M. B. Patel            |
|   |  | Art Unit                 | 3743                   |
|   |  | Attorney Docket No.      | 000166.0109-US04       |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: <u>50-0740</u> Deposit Account Name: <u>Covington &amp; Burling</u>   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |

|   |                    |                              |   |                              |                         |                              |   |
|---|--------------------|------------------------------|---|------------------------------|-------------------------|------------------------------|---|
| <b>FEE CALCULATION</b>  |                    |                              |   |                              |                         |                              |   |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                              |   |                              |                         |                              |   |
|   | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b>                                      |                              | <b>EXAMINATION FEES</b> |                              |   |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>   | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b>                     |
| Utility   | 300                | 150                          | 500   | 250                          | 200                     | 100                          |   |
| Design  | 200                | 100                          | 100   | 50                           | 130                     | 65                           |   |
| Plant   | 200                | 100                          | 300   | 150                          | 160                     | 80                           |   |
| Reissue   | 300                | 150                          | 500   | 250                          | 600                     | 300                          |   |
| Provisional   | 200                | 100                          | 0   | 0                            | 0                       | 0                            |   |
|   |                    |                              |   |                              |                         |                              | <b>Small Entity Fee (\$)</b>              |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                              |   |                              |                         |                              | <b>Fee (\$)</b>                           |
| <b>Fee Description</b>  |                    |                              |   |                              |                         |                              | <b>Fee (\$)</b>                           |
| Each claim over 20 (including Reissues)   |                    |                              |   |                              |                         |                              | 50  |
| Each independent claim over 3 (including Reissues)  |                    |                              |   |                              |                         |                              | 200                                       |
| Multiple dependent claims   |                    |                              |   |                              |                         |                              | 360                                       |
| <b>Total Claims</b> <u>22</u> - <u>22</u> = _____ x _____ = _____   |                    |                              |   |                              |                         |                              | <b>Multiple Dependent Claims Fee (\$)</b> |
| <b>Indep. Claims</b> <u>3</u> - <u>3</u> = _____ x _____ = _____  |                    |                              |   |                              |                         |                              | <b>Fee Paid (\$)</b>                      |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                              |   |                              |                         |                              |   |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                              |   |                              |                         |                              |   |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b>          | <b>Number of each additional 50 or fraction thereof</b> |                              | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b>         |   |
| _____ - 100 = _____   |                    | _____                        | _____ / 50 _____ (round up to a whole number) x _____   |                              | _____                   | _____                        |   |
| <b>4. OTHER FEE(S)</b>  |                    |                              |   |                              |                         |                              | <b>Fees Paid (\$)</b>                     |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                              |   |                              |                         |                              |   |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month  |                    |                              |   |                              |                         |                              | 450.00                                    |
| 1801 Request for continued examination (RCE) (see 37 ...)   |                    |                              |   |                              |                         |                              | 790.00                                    |

|                     |                   |                                   |                |
|---------------------|-------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                   |                                   |                |
| Signature           |                   | Registration No. (Attorney/Agent) | 36,253         |
| Name (Print/Type)   | Andrea G. Reister | Telephone                         | (202) 662-6000 |
|                     |                   | Date                              | May 23, 2005   |